

# COVID-19 EVENT MANAGEMENT TEMPLATE

In accordance with the state of Utah [COVID-19 Transmission Index](#), formal organizations are required to complete the following event management template to assist in their efforts to plan and execute a safe event. This document must be kept and available for inspection by the local health officer or their designee

EVENT DETAILS			
Event Name:			
Event Location:			
	Address	City	Zip
Party Responsible for Organizational Oversight:			
	Address	City	Zip
	Email Address		Phone
Event Date(s):			
	Start Date	End Date	
Anticipated Number of Attendees:			
	Per Day Total	Grand Total	
Event Type	<input type="checkbox"/> <u>Static</u> : events where the attendees primarily enter, watch and depart <input type="checkbox"/> <u>Interactive</u> : events where attendees create a traffic flow and interact with each other <input type="checkbox"/> <u>Participant</u> : events where attendees primarily participate in an activity or production <input type="checkbox"/> <u>Community</u> : events with many activities and populations centers and likely a random traffic pattern		
Employees, Volunteers, Players, Performers, Actors, Etc.			
Checklist:	<div> <input type="checkbox"/> Symptom checking symptoms checked (checklist or verbal), including temperature checks when feasible  <input type="checkbox"/> Face coverings are worn in settings where other social distancing measures are difficult to maintain (exception for performers during performance)  <input type="checkbox"/> Ensure that face coverings are available           </div> <div> <input type="checkbox"/> Provide accommodations to high-risk employees &amp; volunteers; minimize face-to-face contact, assign tasks that allow these individuals to maintain a 6-foot distance from other employees or customers  <input type="checkbox"/> Comply with distancing and hygiene guidelines           </div>		

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**Keep a record of Attendees:**

*Please describe how you will record the name and contact information for each attendee, along with seating assignments or designated sitting/standing areas, to help identify and contact potential exposures.*

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**Physical Distancing**

*Follow physical distancing requirements according to the Transmission Index. A 6-foot distance is strongly recommended between household groups at all times, including while seated, even if not required by the Transmission Index level your county is in. Congregating at any point is strongly discouraged. Please describe your plan to maintain appropriate physical distancing throughout the event.*

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### **Attendees at Increased Risk for Severe Illness from COVID-19**

*Please describe your plan to accommodate higher-risk attendees, such as setting an established window of time for higher-risk groups to come in without pressure from crowds and/or separate entrances and queues.*

### **Signage**

*Post signage listing COVID-19 symptoms, asking attendees with symptoms to stay home, and encouraging physical distancing. Please describe your plan to maintain signage, including the number of anticipated signs and their locations.*

## Payment Options

*Encourage contactless payment; disinfect between transactions at facility stores/gift shops, and comply with other retail recommendations. Please describe your plan for payment if relevant.*

## Hygiene & Sanitization

*Please describe your plan to provide hygiene and regular sanitization throughout the event.*

## Additional Safeguards

*Please share any additional planned safeguards or measures being enacted at the event.*

## Signature

*Please provide the signature of the organizational representative who will be responsible for ensuring event oversight.*

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*Printed Name*

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*Title*

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*Signature*

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*Date*